



DECEASED EMPLOYEE REPORTING

AGENCY INFORMATION		
Agency name	Agency#	Date
Contact name	Contact phone	
EMPLOYEE INFORMATION		
Name		
Employee ID	Date of death	
PAYMENT INFORMATION (list all warrants processed after date of death)		
Paycheck number	Issue date	
Paycheck number	Issue date	
Paycheck number	Issue date	
For additional paychecks processed, enclose a separate sheet listing the information.		
RECIPIENT INFORMATION (list all individuals/entities who received proceeds from the above paychecks and the percentage allocated to each)		
Name	Vendor ID	% allocated
If no Vendor ID, provide the following: SSN/TIN Address		For OMES use only
Payment has been made to above named individual. <input type="checkbox"/> Yes <input type="checkbox"/> No - If No, when will payment be made?		
Name	Vendor ID	% allocated
If no Vendor ID, provide the following: SSN/TIN Address		For OMES use only
Payment has been made to above named individual. <input type="checkbox"/> Yes <input type="checkbox"/> No - If No, when will payment be made?		
Name	Vendor ID	% allocated
If no Vendor ID, provide the following: SSN/TIN Address		For OMES use only
Payment has been made to above named individual. <input type="checkbox"/> Yes <input type="checkbox"/> No - If No, when will payment be made?		
For amounts paid to additional individuals/entities, enclose a separate sheet listing the information.		

For OMES personnel:

Date received

Date 1099 info forwarded	Tax year
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Date W-2 reviewed

OMES audited by

This information is required to assist in the reporting of payments made after the date of death of an employee. The Social Security Administration and the IRS require accurate reporting on Form W-2 and Form 1099-MISC as applicable.

Send original form to:

OMES CAR Payroll
2401 N. Lincoln Blvd., Ste. 212
Oklahoma City, OK 73105-4402